OUI HARDSHIP CRITERIA

NOTE: These requirements are subject to change at the RMV's discretion. Application for hardship will be subject to the requirements in place on the date of application.

Although an applicant may meet all requirements, issuance of a hardship license is only granted at the reasonable discretion of the RMV, based on the facts of the case.						
There is NO evidence of any operation since the effective date of this revocation.						
	The MINIMUM amount of time has been served for hardship consideration.					
DWI ELIGIBILITY TIME						
	Length of suspension	Work\education hardship	General hardship			
	1 yr (365 days)	3 months into DWI revocation	6 months into DWI revocation			

1 yr into DWI revocation

2 vrs into DWI revocation

2 yrs (730 days)

8 vrs (2920 days)

0 jis (2)20 days)	2 yrs mile B Wille Vocation	1 yrs into B Wille Vocation			
10 yrs (3650)	5 yrs into DWI revocation	8 yrs into the DWI revocation			
	l v	V			
All other active revocat	ion periods have been COMPLET	TED			
An other active revocation periods have been contributed.					
The applicant must provide decumented proof of completion of the prepare cleahal treatment program					
2 week in house are are	The applicant must provide documented proof of completion of the proper alcohol treatment program 2 week in-house program for 2 nd offense, 90 day in-house program for 3 rd and 4 th offenses.				
2 week in-nouse progra	m for 2 offense, 90 day in-nouse	e program for 3 and 4 offenses.			
	:1 4 5: 1 6				
	The applicant must provide the Discharge Summary from the treatment program, stating the risk fac				
or recidivism rate.					
The applicant must provide proof of compliance with all ordered after-care. Proper second offender					
*	d For Hardship Consideration" issued by the				
after-care provider." If further substance abuse treatment is recommended, a Progress Review must b submitted from the substance abuse treatment center/counselor. In addition, a Discharge Summary m					
					be requested to clarify a
_ The applicant has provi	The applicant has provided a letter from probation, not more than 30 days old stating that the applicant has provided a letter from probation, not more than 30 days old stating that the applicant has provided a letter from probation, not more than 30 days old stating that the applicant has provided a letter from probation, not more than 30 days old stating that the applicant has been applicant has provided a letter from probation, not more than 30 days old stating that the applicant has been applicant				
is in compliance with p	robation.				
-					
The applicant has docun	nented a legitimate hardship. Appl	icant must provide a letter from his/her empl			
	on letterhead, which cannot be more than 30 days old. The letter must state the applicant's need f				
hardship license and the work hours.					
30					

A self-employed applicant must present proof of self-employment. Acceptable forms of proof consist of a business certificate, tax forms indicating self-employment, and/or a current professional license. The applicant must also present a letter on his/her own behalf explaining his/her need for a hardship license and the hours requested.

Applicants applying for a hardship license for other purpose (i.e. education, medical treatments), require third party documentation of the hardship.

18 months into DWI revocation

4 vrs into DWI revocation

The applicant is responsible for providing proof may be included within the employe routes, MapQuest etc.		
Ignition Interlock packet given once appro	oved for a hardship.	
NOTE: Reinstatement is only allowed once the returned to a hearings officer.	e proof of installation of	interlock and affidavits have been
Fo	r RMV use only	
Twelve (12) hours are allowed for a hards documentation presented by the customer	hip license. Hardship hour at the time of the hearing.	rs must be consistent with
The applicant's Board of Probation record	& folder were checked ar	nd the driving record was updated.
BOP Check Date:	Folder Pulled Date:	
The Director of Driver Control must approve a above documentation and complete the statement Statement of reasons supporting hardship issuance	of reasons below. Forwar	d all documentation to Boston.
Signature:	SU#:	Date:
Reviewer:		Date:
Approved	Denied	
Comments:		